



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 West Truman Blvd.
P.O. Box 58
Jefferson City, MO 65102-0058

APPLICATION FOR ADMINISTRATIVE RULING

- Pursuant to 8 CSR 50-2.030(1)(H) if the total amount of the additional reimbursement sought is one thousand dollars (\$1,000) or less, either party may use this form to file a request for administrative ruling that initiates the administrative ruling procedure.
- All parties shall participate in the administrative ruling procedure.

_____,)
Health Care Provider,)
)
vs.)
)
_____,)
Employer,)
)
and)
)
_____,)
Insurer)

Medical Fee Dispute No: _____ - _____
DWC Injury No.: _____ - _____
Employee (Patient): _____
Date of Accident/
Occupational Disease: _____

APPLICATION FOR ADMINISTRATIVE RULING

The undersigned party hereby applies to the Division of Workers' Compensation for an Administrative Ruling in the above captioned case.

☐ Health Care Provider Name _____
☐ Employer Name _____
☐ Insurer/Third Party Administrator Name _____

Respectfully submitted, _____
Name of Attorney _____
Law Firm _____
Address _____
Bar No. _____
Phone No. _____
Fax No. _____
E-mail Address _____

CERTIFICATE OF SERVICE

I, the undersigned, certify that, to the best of my knowledge and belief the information set forth in this Application for Administrative Ruling is true and accurate, and I further certify that a copy of this Application for Administrative Ruling has been mailed or hand delivered to all attorneys and/or all parties of record this _____ day of _____, 20____.

Attorney's Signature _____ Date _____
Attorney's Name (Printed) _____ Bar No. _____
Address (if different than above) _____

*** Please be advised that corporations and limited liability companies appearing before the Division must be represented by an attorney licensed in the State of Missouri. See *Reed v. Labor and Ind. Rel. Commn.*, 789 S.W.2d 19, 20 (Mo. banc 1990).**

*** If the Health Care Provider is a corporation or a LLC, and this Application is not signed by an attorney, this Application will be rejected.**

DIVISION USE ONLY

DATE STAMP